



PTO/SB/81 (01-06)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/560,676
Filing Date	June 30, 2004 (I.A.)
First Named Inventor	Vern L. Schramm
Title	SIR2 REGULATION
Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	96700/1076

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

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2/2/07Name
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718-430-2819Title and Company
Professor + Chairman Albert Einstein College of Medicine Bronx NY

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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I am the:

☒ Applicant/Inventor.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Anthony A. Sauve</i>	Date	02/02/07
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Title and Company	Assoc. Professor North Med. College Council L.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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